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School/World	k Site <u>C</u>	) .	T 0	2 - 1 - 2 - 2 - 2 - 2	+ 000	mia	Cant	2
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Expenses pa	id by:	I SBDM □ PD	□ Spec Ed □	KETS Dther (	MUST Spe	ecify)	7 (	
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Principal Sig	nature:			Grant/	Admin: 🎢	Mely	-/ Amill	
Prior Superir				1	11	Requir	red if Expenses ar	e Paid by Grant Funds
Appro	ved1	Not Approved			M			8/81/3
Reason			Sup	erintendent Sigi	nature			Date
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Superintendent for PRIOR APPROVAL.

Superintendent for PRIOR APPROVAL.

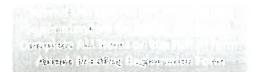
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Attach Mealing Registration form.

Employee Name Amanda Bills	Date Submitt	ed 8/12/25 DV
TC115		
Name of Meeting/Conference Ky School	Courselv Conferen	ice
Name of Meeting/Conference Ky School  Date(s) of Meeting/Conference Sept 10-12	Departure Time	Return Time 6 pM
Place of Meeting/Conference	riffin Gate, Lexing	tm
Rationale for Attendance State Conferen	nee	
Expenses paid by: SBDM D D Spec Ed	☐ KETS ☐ Other (MUST Sp	ecify)
Estimated Expenses:		
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Galreaugheid	Grant/Admin:	
Principal Signature:  Prior Superintendent Approval:	1 -00	Required if Expenses are Paid by Grant Funds
Approved Not Approved	J8W	8 18 25
Reason	Superintendent Signature	Date
Submit this section upon acturates, induse any oniginal acquires receipts and signatures.		REIMBURSEMENT REQUEST
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Charge @ Lodgin	· · · · · · · · · · · · · · · · · · ·	Other Expenses Total
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Employee Name Costana R	Date Submitted	rugs. 192 - 7025
School/Work Site Undde School		COPY
Name of Meeting/Conference Rully	prevention	4 COII
Date(s) of Meeting/Conference <u>G-23</u>		Meturn Time
Place of Meeting/Conference		Tech. way BG by
Rationale for Attendance Frysc TV	ing hes	25 6
Expenses paid by:	Other (MUST Specify)	11960
Estimated Expenses:		
Registration Lodging Meals See policy on back*	Mileage Airfare Substitut \$0.43 per mile \$100 per d	
Principal Signature:	Grant/Admin:	uired if Expenses are Paid by Grant Funds
Prior Superintendent Approval:	A 11 negi	are raid by Grant Funds
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	Superintendent Signature	- Date
especies (e.g.)	TRAVEL EXPENSE REIM	BURSEMENT REQUEST
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Employee Name Constant Bland	z Date Submi	itted Aug. 18-202	5
School/Work Site Middle School [	yse)		CODY
Name of Meeting/Conference	FCHSC Meetry	Ş <u> </u>	COFI
Date(s) of Meeting/Conference 9-19-25	Departure Tin	ne Return Ti	me Upm
Place of Meeting/Conference 6(ASSW)			
Rationale for Attendance Regions L F	RYSC Ment	<b>-</b> 0	
Expenses paid by:	KETS Dother (MUST S	specify) FRYSC	
Estimated Expenses:			
	ileàge Airfare 3 per mile	Substitute Other \$100 per day	Total Est. Expenses
Principal Signature:	Grant/Admin:	a	
Prior Superintendent Approval:		Required if Expenses are Pa	id by Grant Funds
Approved Not Approved		ELL	9/3/25
ReasonSu	perintendent Signature		Date
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Employee Name Constance Blane	Date Submitte	ed 8-14-25	
School/Work Site Middle School / 4	SC		JUPY
Name of Meeting/Conference Regional		:)	
Date(s) of Meeting/Conference 8/18/75	Departure Time		n Time
Place of Meeting/Conference WII Daks Go	If club in 61x	Sow 14 350	
Rationale for Attendance Resignal			F 10 C
Expenses paid by:	KETS Other (MUST Spe	ecify) + P4SC -	TUND
Estimated Expenses:			
See policy on back* \$0.4		Substitute Other 5100 per day	Total Est. Expenses
Principal Signature: MWW	Grant/Admin:	Jes Kill	nn
Prior Superintendent Approval:	1	Required if Expenses a	re Paid by Grant Funds
Approved Not Approved	8W		8/19/28
ReasonSu	perintendent Signature		Date
bilitation of the resident and sign items.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel R	RAVEL EXPENSE F		
Date # Miles Charge @ Lodging	Meals	Other Expenses	Total
\$.43	Amoul	nt Explanation	
		-	
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Affidavit: I hereby certify that all expenses included in the above s		Reimbursement	Dua
employee of Simpson County Schools in the capacity of official to charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my known Bank Bank	ousiness; that they are proper oard of Education; and that all	Central Office Use:	
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charges qualifying for reimbursement from the Simpson County B data furnished here within is true and correct to the best of my kno	ousiness; that they are proper poard of Education; and that all owledge.	Central Office Use:	

Support this form to the Principal and Superintendent for PRIOR APPROVAL. Complete AU. Items on topical of form.
Attach Weeting Registration Form

Employee Name

## SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

School/Work SiteSES	a the there are
Name of Meeting/Conference The Ara	of Education University Winder NOW Conference
	Departure TimeReturn Time
Place of Meeting/Conference	an waren or turn to the
Rationale for Attendance	re crant PD
Expenses paid by: SBDM PD Sp	c Ed
Estimated Expenses:	***
Registration Lodging Meals See policy on ba	Mileage Airfare Substitute Other Total Est. Expenses * \$0.43 per mile \$100 per day
12900	Grant/Admin: Alli Sall
Principal Signature: Prior Superintendent Approval:	Required if Expenses are Paid by Grant Funds
Approved Not Approved	9/3/25
Reason	Superintendent Signature Date
Charge @	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***  Other Expenses  Heals  Amount  Explanation  Total
Affidavit: I hereby certify that all expenses included in employee of Simpson County Schools in the capacity charges qualifying for reimbursement from the Simpson data furnished here within is true and correct to the be	f official business; that they are proper County Board of Education; and that all
Employee Signature	Date Coding

#9188

			- 2	Signer Signer
Employee Name San Evan'	Date S	submitted	8/12/25	
School/Work Site FS HS/CT	E			
Name of Meeting/Conference	te Fail			
Date(s) of Meeting/Conference 3/28	/25 Departui	re Time	20 A Return Tim	e 6:00 pr
Place of Meeting/Conference				
Rationale for Attendance				
Expenses paid by:	pec Ed	UST Specify)		
Estimated Expenses:				
Registration Lodging Meals See policy on b		Substite \$100 pe	r day	Total Est. Expenses
Principal Signature:  Prior Superintendent Approval:	Grant/Adi	Re	equired if Expenses are Paid	by Grant Funds
ApprovedNot Approved	15	71		8/21/2
Reason	Superintendent Signat	ure		Date
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Date # Miles Charge @ \$.43	Lodging Meals	Amount	Explanation	Total
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Employee Signature	Date	Cod	ing	
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Employee Name 5	Evans	Date Subn	mitted	0/12/25	
School/Work Site F5 H5/	CTE				
Name of Meeting/Conference	Ky State	Fail	4.		( , 0 , 0 ,
Name of Meeting/Conference	13-15/25	Departure Ti	ime	Return IIm	e 6 2 0 0 P P
Place of Meeting/Conference					
Rationale for Attendance	dent Ach:	everent		0	
Expenses paid by:	□ Spec Ed □ KETS	Other (MUST	Specify) _	ferKing	
Estimated Expenses:					
Registration Lodging	Vieals Mileage  Nicy on back* \$0.43 per mile	Airfare	Substitu \$100 per		Fotal Est. Expenses
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Principal Signature:		Grant/Admin	Red	quired if Expenses are Paid	d by Grant Funds
Prior Superintendent Approval:  Approved Not Approved.		1-511			8/10/25
Reason	Superinte	endent Signature			Dete
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Charge @		Meals .	Othe	r Expenses	Total
Date # Miles \$.43	Louging	An	mount	Explanation	
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Affidavit: I hereby certify that all expenses inc employee of Simpson County Schools in the	capacity of official business	; that they are prop	per -	emiliar sement a se	
charges qualifying for reimbursement from the data furnished here within is true and correct	e Simpson County Board of	Education; and that	dii	ral Office Use:	
		Date	Codi	ng	9 1 mm -
Employee Signature		Date	2237		disease a const
		Data	<u></u>	Annroyal	Alexandra di Anna
Supervisor Signature		Date	CFO	Approval	

Submit this form to the Principal and Superintendent for PRIOR APPROVAL. Complete ALL items on top half of form.

Attach Meeting Registration Form

Employee Name <u>Ugnda Eversm</u>	Date Submitted 8 21725	
Catally Mark Sita Frankling Salance	ola Flem.	
Name of Meeting/Conference Family	EmagMant Siries - Session #1	
Date(s) of Meeting/Conference 8 20	Departure Time 80m Return Time 3pm	
Place of Meeting/Conference GRREC		
Rationale for Attendance Carries for	emily engagement strategies	
Expenses paid by: SBDM PD Spec	c Ed KETS Other (MUST Specify) TRUSC	
Estimated Expenses:		
Registration Lodging Meals	Mileage Airfare Substitute Other Total Est. Expe	nses
See policy on back	* \$0.43 per mile \$100 per day +28.35	8
Al Pa	Grant/Admin:	
Principal Signature:  Prior Superintendent Approval:	Required if Expenses are Paid by Grant Fund	S
Approved Not Approved	8/21/28	
Reason	Superintendent Signature Da	ite
Submit this section upon returning. Include any original required receipts and signatures.	TRAVEL EXPENSE REIMBURSEMENT REQUE	ST
original required receipts and signatures:		
*** Per Board Policy 03.125 and 03.225: "Out-of-District	t Travel Reimbursements MUST be submitted within thirty (30) days of the travel return da Other Expenses	
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Submin little folds to the Printiper trut Superintentian for <u>PRIOR APPROVAL</u> Complete AL Reput to the trail of folds. Admin Wiedling Registration Folds.

Employee Name Lucinda Eversman	Date Submitte	ed 8 14 25	
School/Work Site Franklin & Lincoln	Elem PRC		
Name of Meeting/Conference kibling Cuthing	for Isaiah II	7	
Date(s) of Meeting/Conference 8 15 25	Departure Time	Return Tin	ne <u>1:00</u> p
Place of Meeting/Conference 114 wilhow	Rd Russellville	, Ky	
Rationale for Attendance - Memory Monsing	for children in	Logan & Simpson	. & Butter a
Rationale for Attendance <u>(Mergucy Nousing</u> Expenses paid by: SBDM PD Spec Ed I	KETS DOther (MUST Spe	ecify) FRYSC	
Estimated Expenses:			
Replation Loveing	cubc	Substitute Other \$100 per day	Total Est. Expenses
- 4	0 —		17.20
Minduson a/14/-	Grant/Admin:		
Principal Signature:  Prior Superintendent Approval:	Grant/Admin	Required if Expenses are Pa	id by Grant Funds
Approved Not Approved	/	18hl	8/14/25
	erintendent Signature		Date
Smooth fine section years reinstring latelities any	<b>AVEL EXPENSE </b>	REIMBURSEMEN	REQUEST
construction and constitute steel fluid field	AVEL EXPENSE F		
orfigionificaquired racelots कार्च डोइम्बासार्थक.  *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei	imbursements MUST be submit	tted within thirty (30) days of the Other Expenses	
ার্থিকের্নার্থনার্থন বের্থার্থক সার্গ রাধ্যক্ষণার্থক. *** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Re		tted within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei	imbursements MUST be submit	tted within thirty (30) days of the Other Expenses	e travel return date.***
*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei	imbursements MUST be submit	tted within thirty (30) days of the Other Expenses	e travel return date.***
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*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei  Date # Miles Charge @ Lodging  \$,43  Lodging	Meals Amou	Other Expenses  nt Explanation	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Rei  Date # Miles Charge @ Lodging  \$,43 Lodging  Affidavit: I hereby certify that all expenses included in the above starting of Simpson County Schools in the capacity of official by	Meals Amou	tted within thirty (30) days of the Other Expenses	Total
### Per Board Policy 03.125 and 03.225: "Out-of-District Travel Ref  Date # Miles Charge © Lodging  \$,43  Affidavit: I hereby certify that all expenses included in the above st employee of Simpson County Schools in the capacity of official becharges qualifying for reimbursement from the Simpson County Bo	Meals Amou	Other Expenses nt Explanation  Reimbursement Due	Total
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Affidavit: I hereby certify that all expenses included in the above st employee of Simpson County Schools in the capacity of official be charges qualifying for reimbursement from the Simpson County Bodata furnished here within is true and correct to the best of my know and the same of the capacity of my know and the capacity of my know	Meals Amou  Amou  Amou  Amou  Attatement were incurred by an usiness; that they are proper ard of Education; and that all wledge.	Other Expenses nt Explanation  Reimbursement Due  Central Office Use:	Total
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Aberich Maaling Captrocklop Force

Employee Name								
Employee Name =	Le	Ann Fish	20	Date	e Submitt	ed <u>A</u>	<u>ug. 20, 2</u>	2025
School/Work Site		Can	Limina	TEMPLIA CO	mia	Cnn-	Le rence	Time 6:00pm
Name of Meeting,	/Conter	enceCook	11-72	Danam	Time	2.00	A IOO Return	Time (0'0)
					ture ime	8.00	M / Fixeturn	Time _ 0 - 0 0 p
Place of Meeting/			ngton	Hyatt				
Rationale for Atte	ndance	_ COIP		,		L	01	
Expenses paid by:	. 🗆 9	BDM 🗆 PD [	☐ Spec Ed [	□ KETS ☑ Other (	MUST Spe	ecify)	01	
Estimated Expense	es:							
Registration	Lodgii 319-4	See policy	on back* \$0.	Vileage Airfa 43 per mile		Substitute \$100 per day	Other	Total Est. Expenses
Principal Signature	e:			Grant/A	Admin: 🍌	Ohili	Donl	1
Prior Superintende	ent App	roval:		1	11	Requir	ed if Expenses are	Paid by Grant Funds
✓ Approved	No	ot Approved	0	1	8M			8 31 25
Reason			S	uperintendent Sign	nature			Date
*** Per Board Policy	03.125 at	្រស	District Travel	Reimbursements MUS	T be submit	tted within t	thirty (30) days of	the travel return date.***
Date # N	Miles	Charge @	Lodging	Meals		Other Ex	penses	Total
		Charge @ \$.43		Meals	Amou	Other Ex		T- 15 2 10 16 3 3 6 10
9-21 17	Miles	Charge @		Meals 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
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9-21 17		Charge @ \$.43		Meals 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
9-21 17	12	Charge @ \$.43 13.96		Meals 40.00 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
9-21 17	12	Charge @ \$.43 13.96		Meals 40.00 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
9-21 17	12	Charge @ \$.43 13.96		Meals 40.00 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
9-21 17	12	Charge @ \$.43 13.96		Meals 40.00 40.00		Other Ex	penses	T- 15 2 10 6 3 3 6 10
9-21 17 9-23 17 9-23 17 Affidavit: I hereby ceremployee of Simpson charges qualifying for data furnished here w	12 12 rtify that an County r reimburs vithin is tru	Charge @ \$.43  13.96  13.96  13.96  all expenses include Schools in the capement from the Single and correct to the second correct cor	Lodging  ed in the above acity of official mpson County	Meals  40.00  40.00  20.00  statement were incur business; that they all Board of Education; ar	Amou	Other Ex	penses	Total
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Superioration of the Principal and Superioration in EMOS 1228044.

Sometimes As from an operated form.

Alega Manification departments form.

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Employee Name 10	nathon 100	miel King	Date Sub	omitted	8-18-25	
School/Work Site	5 H >	1	C. fora	• • • • • • • • • • • • • • • • • • • •		
Name of Meeting/Confe	erence KAA		Contere	VICE	There	5 F.
Date(s) of Meeting/Con	ference <u>09-18</u>	Thru 09-19	Departure	Time Dp.	Thuc Return Tim	e 3pm Fri
Place of Meeting/Confe	1	- House	0 1		- 11 1 17	1) Soli
Rationale for Attendanc	e Certitica	ation to	1330 40		eall and A	soture problem
Expenses paid by:	SBDM □ PD □	Spec Ed KETS	☐ Other (MUS	ST Specify)		
Estimated Expenses:						
Registration Lod	ging Mea			Substitut \$100 per da		633.20
Principal Signature: Prior Superintendent Ap Approved Reason	preval: Not Approved	Superint	Grant/Admi	Requ	uired if Expenses are Paic	by Grant Funds 8 25 25 Date
*** Per Board Policy 03.125  Date # Miles	and 03.225: "Out-of- Charge @ \$.43	Lodging	Meals	Other Amount	Expenses Explanation	Total
Affidavit: I hereby certify the employee of Simpson Count	w Schools in the can	iacity of official busines	2; that they are bu	roper	eimbursement Due	
charges qualifying for reimbo data furnished here within is	ursement from the Si	impson County Board of	Education, and th	GC G11	al Office Use:	
Employee Signature			Date	Codin	g	